

National Unplanned Pregnancy Advisory Service Limited

National Unplanned Pregnancy Advisory Service Leeds

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

We rated this service as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave women pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However,

- Managers did not have oversight that staff had completed their training in the Mental Capacity Act.
- The vision and values of the service were not made in collaboration with local stakeholders to ensure service provision met the needs of the local population.

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating

Good



Summary of each main service

We rated this service Good.

See overall summary for more information.

In the reporting period March 2022 to February 2023, the centre carried out 0 surgical terminations of pregnancy (SToP) under local anaesthetic/conscious sedation, 329 early medical abortions. The centre held a current Department of Health licence to practice under the Abortion Act.

- No patients were transferred out to another hospital from March 2022 to February 2023.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin- susceptible Staphylococcus aureus (MSSA), Escherichia coli (E.coli) or Clostridium botulinum (C.diff).
- No complaints were received within the reporting period from March 2022 to February 2023.

Summary of findings

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Summary of this inspection

Background to National Unplanned Pregnancy Advisory Service Leeds

National Unplanned Pregnancy Advice Service (NUPAS) Leeds is operated by National Unplanned Pregnancy Advice Service. NUPAS Leeds opened in March 2022.

The NUPAS Leeds clinic is registered to undertake; early medical abortion (EMA) up to 9 weeks and 6 days and surgical termination of pregnancy (SToP) up to 13 weeks and 6 days, with local anaesthetic and conscious sedation. NUPAS Leeds does not provide later surgical abortions under general anaesthetic (GA). The clinic undertakes ultrasound scanning (USS) and offers contraception.

The location is registered to provide the following regulated activities:

- Termination of pregnancies
- Surgical procedures
- Treatment of disease, disorder, or injury
- Family planning
- Diagnostic and screening procedures

The location has a manager registered with CQC.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

How we carried out this inspection

This was an unannounced comprehensive inspection, carried out on 6 April 2023, the service had not previously been inspected.

During the inspection visit, the inspection team:

- visited all areas of the clinic including, waiting areas, recovery areas and treatment rooms.
- looked at the quality of medicines and emergency equipment and observed how staff were caring for patients
- spoke with the registered manager and clinical lead
- spoke with the staff member on site
- reviewed 3 patient care and treatment records

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the service

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

The service proactively encouraged transvaginal scanning for women of early gestation who met the scan criteria to increase the likelihood of identifying ectopic pregnancies. Staff were able to discuss how this reduced risks for women effectively.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should consider developing its vision with local stakeholders to ensure it meets the needs of the local community.
- The service should ensure that all staff are kept up to date with training in the Mental Capacity Act.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Termination of pregnancy	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Termination of pregnancy

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing and midwifery staff received mandatory training in both electronic and face to face format, which was regularly reviewed.

The mandatory training was comprehensive and met the needs of women and staff.

Clinical staff received training on recognising and responding to people with learning disabilities and autism.

Managers manually monitored mandatory training and alerted staff when they needed to update their training, the service had plans to move to an electronic system that would automatically inform staff when their training was required.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Clinic staff received training specific for their role on how to recognise and report abuse. All staff at the service were trained to a minimum of level 3 safeguarding adults and children in line with best practice guidance and had access to a Safeguarding lead.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. All staff had the NHS safeguarding application on their phones which gave staff access to safeguarding information relevant to adults and children and referral details for all areas.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Termination of pregnancy

Staff followed safe procedures for children visiting the clinic. Women under the age of 18 were mandatorily seen in clinic to ensure their safety and reduce the potential for children being coerced into having a termination of pregnancy (ToP) procedure against their wishes.

The service booked women a longer appointment time if any safeguarding concerns had been identified during their assessment to ensure these could be properly explored.

Staff contacted women who did not attend their appointment to ensure their safety as far as possible. Women were contacted twice if they did not attend clinic, if there were no further safeguarding concerns further contact was ceased respecting that women may have changed their mind.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves, and others from infection. They kept equipment and the premises visibly clean.

The treatment room and waiting area were clean and had suitable furnishings which were clean and well-maintained.

The service performed well for cleanliness and infection prevention in monthly audits.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE) and regular hand washing.

Staff cleaned equipment after each patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff carried out daily safety checks of specialist equipment. Equipment was serviced appropriately in line with manufacturers recommendations.

The service had suitable facilities to meet the needs of women. The treatment room was used for consultations, USS, administering treatment for EMA and prepared for surgical procedures to take place, this meant there was a lot of equipment within the room.

The service had enough suitable equipment to help them to safely care for women.

The provider had an agreement with the premises they provided from to dispose of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of deterioration.

Termination of pregnancy

The service had business continuity plans in place for both EMA and SToP procedures reviewed in January 2023. Both included information to aid decision making for staff in the event of different situations such as equipment failure or staff absence.

Staff completed risk assessments for each woman during their assessment and reviewed these appropriately before offering treatment.

Women were assessed for whether they required a scan. USS are used to determine a viable pregnancy prior to ToP procedure; however, scans are not always required if women are sure of their last menstrual period and have no other risk factors. Staff used a comprehensive series of questions to determine whether women required USS, over 70% of women still received a scan.

Staff had access to all necessary key information to keep women safe and were able to attend a daily virtual safety huddle.

Staff shared key information to keep women safe when handing over their care to others.

Women received information on the risks of their procedure and cervical preparation medications. They were given a supporting information leaflet including how to use, and risk of using, Mifepristone, Misoprostol and Dilapan which highlighted the risk of miscarriage. Information provided also included the risks of not completing treatment and legalities of medications used for abortion.

Staff knew about specific risk issues such as sepsis and venous thromboembolism, and shared information with women around the risks of these.

Staff would use tools to identify women at risk of deterioration and escalated them appropriately. Although the service had not yet provided and SToP procedures, they had TEWS (Termination Early Warning Scores) in place to monitor women's condition post-procedure, this was an adaptation specific for termination service from the nationally recognised NEWS (National Early Warning Scores). For children's procedures, this would be used alongside PEWS (Paediatric Early Warning Scores).

The service had facilities on site to manage significant blood loss and a resuscitation trolley which had weekly and monthly checks which were up to date and included equipment in sizes appropriate for both adults and children.

The service had a service level agreement with local NHS trusts, this had been developed in conjunction with other ToP providers to ensure women undergoing a ToP procedure received the most consistent and timely care in the event they required emergency transfer into an NHS Acute setting.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment.

The service had enough nursing staff, with appropriate training, to keep women safe.

There were contingencies in place if a nurse could not attend their shift. The alternative member of staff would be contacted. The manager also had staff in other NUPAS locations trained and would provide a second member of staff in the event of any sickness to ensure that clinics still ran in a timely and efficient way.

Termination of pregnancy

The service had no current vacancies.

The service had low turnover and sickness rates.

The service did not use bank and agency nurses.

Records

Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Women's notes were comprehensive, and all staff could access them easily.

The service used an electronic record system. During the inspection we reviewed 3 patient records. The records contained detailed information of patients' assessments including safeguarding and medical history.

Records were stored securely.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Women were asked about any other medications they took and whether this was a contraindication against the service suitability criteria.

Staff explained to patients' information about the medications they were taking, in what order to take the medicines and what side effects could occur. Where patients were supplied with medicines to take at home, women were given a comprehensive information leaflet and there was a 24-hour contact number for advice.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. Medicines including controlled drugs (CD's) were stored securely and appropriate checks were in place in line with the providers policy.

Policies and procedures were in date, these were available and accessible to staff.

Incidents

The service managed safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff understood the duty of candour.

Staff knew what incidents to report and how to report them.

The service hadn't had any never events. There had been 1 serious incident at the service.

Staff understood the duty of candour and women received an explanation and apology if things went wrong.

Termination of pregnancy

Staff received feedback and shared learning from investigation of incidents from all locations through team meetings and 'newsflash' alert giving immediate information and learning.

There was evidence that changes had been made as a result of incidents. The service had introduced encouraging trans-vaginal scanning for all women who came into clinic for an ultrasound, this was in response to 2 incidents where abdominal scanning had not identified ectopic pregnancies.

Is the service effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance.

Staff referred to the psychological and emotional needs of patients and this was documented in their records.

Staff always had access to up-to-date and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Women were encouraged to discuss contraception following ToP. All women were given barrier methods of contraception when attending clinic, women undergoing medical ToP were offered a contraceptive pill or signposted to local services for other methods of contraception.

The service had suspending offering sexually transmitted infection (STI) testing following an incident. Women were temporarily being signposted to where they could access STI testing locally. The service had a task and finish group in place to ensure screening services were safe to recommence in June 2023.

Women were given information and advice prior to receiving treatment. Staff gave information during consultation and information about procedures and medications were available in online format or given in a paper-based format.

Nutrition and hydration

Staff gave women nutrition and hydration information when required.

Staff provided women with information prior to SToP procedures if they were required to fast which detailed specialist needs such as diabetes.

Pain relief

Staff assessed and monitored women regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Termination of pregnancy

Staff prescribed pain relief accurately.

Staff counselled patients about potential pain post-procedure. Medicines were supplied with EMA treatment to be taken at home. The service also provided patients a 24-hour phone line for those who experienced pain or complications at home.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women.

Outcomes for women were positive, consistent, and met expectations, such as national standards.

Managers monitored wait times to ensure they remained within national targets and adapted resources and clinics dependant on women's gestation to ensure they received a ToP suitable to their gestation and preference.

Managers and staff used the results of audits and incidents to improve women's outcomes. For example, because of two incidences where ectopic pregnancies had been missed via abdominal scanning, the service had changed its procedure so that all women that had a last menstrual period under 8 weeks ago, were offered a transvaginal scan as this was more likely to identify an ectopic, despite this being less timely for the service and required further competencies for staff.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of women. Staff were given opportunities to train in skills such as: obstetric ultrasound dating, non-medical prescribing, and safe sedation.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received their appraisal and had opportunities to raise how they would like to develop. We saw examples of where staff had been upskilled to work in different roles as a result of discussions had in appraisal.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.

Termination of pregnancy

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked with other agencies, such as local NHS trusts and the early pregnancy advice unit when required to care for patients.

Seven-day services

Key services were available seven days a week to support timely care.

Doctors were rostered a month in advance to ensure availability during clinic opening times. Staff were able to submit ToP assessments at any time during opening hours for HSA1 approval.

Women were given a 24-hour helpline in the event they required aftercare advice following their treatment.

Health Promotion

Staff did not give women practical support and advice to lead healthier lives.

The service did not have relevant information promoting healthy lifestyles and support in patient facing areas.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported women to make informed decisions about their care and treatment. They did not offer services to support women who lacked capacity.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure women consented to treatment based on all the information available.

Staff clearly recorded consent in the woman's records.

The service had a guidance pathway for the medical and surgical care of clients aged under 16 years old which covered Gillick Competence and Fraser Guidelines to support children who wished to make decisions about their treatment.

Nursing staff received online training in the Mental Capacity Act. We did not see evidence that staff were currently up to date with training in the Mental Capacity Act, however the service did not offer ToP to people that they suspected lacked capacity.

During telephone assessment, if patients were unable to consent, the service followed policy to refer women into NHS services.

Termination of pregnancy

Is the service caring?

Good 

Compassionate care

Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for women. Staff took time to interact with women in a respectful and considerate way.

Staff followed policy to keep women's care and treatment confidential.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgmental attitude when caring for or discussing women with mental health needs.

Staff followed policy to keep women's care and treatment confidential. Staff carried out consultations in private rooms, they exited rooms discreetly when in use and locked doors and cabinets where information may have been accessible. The consultation room had a privacy screen to maintain women's dignity during scanning procedures.

Records captured the individual needs of each woman; staff had completed these showing an understanding and non-judgmental attitude when caring for or discussing women with mental health or safeguarding needs.

Women were offered over the phone counselling services through NUPAS to discuss their decision to terminate a pregnancy, these could be requested face to face if needed.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs.

Emotional support

Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.

Staff gave women and those close to them help, emotional support and advice when they needed it.

Staff had undertaken training in customer care to support them in having news having difficult and sensitive conversations with women. The manager was in the process of sourcing this again to ensure staff received the training annually.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Understanding and involvement of women and those close to them

Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.

Termination of pregnancy

Staff made sure women understood their care and treatment.

Women could give feedback on the service and their treatment and staff supported them to do this.

Staff supported women to make informed decisions about their care.

Women gave positive feedback about the service. Staff offered women the opportunity to give feedback at the end of each consultation, we saw 3 examples on the day of inspection where women had responded positively to the treatment they received.

Women were able to request a chaperone if wanted.

Is the service responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Facilities and premises were within a medical centre and were appropriate for the services being delivered.

The service offered appointments routinely one day a week. This service was prepared to add additional days for both EMA and SToP in the event there was increased demand.

Managers ensured that women who did not attend appointments were contacted twice, discussed available options dependant on their gestation to enable them to make informed decisions and respected the choices of women if they did not wish to continue with a termination of pregnancy.

There was a service level agreement in place with local NHS trust where patients could be transferred in the event of an emergency.

The manager was working with local partners to increase the profile of the service and its increased remit to provide SToP procedures. The manager was working with the Integrated Care Board (ICB) to increase awareness within local GP practices, sexual health services and universities.

Pregnancy remains were stored appropriately and disposed in line with the Human Tissue Authority guidance on the disposal of pregnancy remains following pregnancy loss or termination (2015). Managers demonstrated empathy and sensitivity towards women's choice for the disposal of pregnancy remains, where women had asked for the service to dispose of these, products were retained individually for a period of time in the event that a woman changed her mind.

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.

Termination of pregnancy

Staff applied the policy on meeting the information and communication needs of women with a disability or sensory loss. The premises had suitable facilities in place, such as accessible access and a hearing loop, for those with a disability or sensory loss.

The service had information leaflets available in languages most commonly spoken by women in the local community.

Managers made sure staff and women could get help from interpreters. Women who required an interpreter, were booked for a longer appointment to ensure all information was comprehensive and understood.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.

The service offered access to EMA in line with national best practice. Providers should have arrangements in place to minimise delays in women accessing services with best practice stating women should receive an assessment within one week of referral and receive their treatment a week from assessment (NICE QS199). Between March 2022 and February 2023, 92% of women had received their consultation within 5 days of contact.

Managers monitored waiting times and made sure women could access services when needed and received treatment within agreed timeframes and national targets. Between March 2022 and February 2023, 95.94% of women received treatment within 5 days of their consultation or decision to proceed. 5 out of 14 women who waited over 5 days for their treatment chose this for personal reasons.

Managers monitored transfers, there had been no transfers required between March 2022 and April 2023 as the service had not begun to provide SToP.

Women were given appointment times appropriate to their gestation. The service had a telephone consultation service which carried out an initial consultation and offered patients a choice of appointments suitable to their gestation and individual requirements. Although the service only offered appointments one day a week, women could be signposted to other NUPAS services within approximately an hour's distance.

Managers monitored waiting times for women requiring an urgent appointment. Women requiring urgent appointments were prioritised to be seen prior to approaching the legal limit. Wait times were discussed at resource and capacity meetings as well as at monthly managers monthly supervisions and extra resources and clinics added as required.

Staff planned each woman's attendance and appointment duration as early as possible. Women were given the extended appointment times dependant on age and safeguarding risk which allowed staff to adapt women's consultation and treatment dependent on their individual needs.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

The service had had no complaints or informal concerns logged since its registration in March 2022.

Termination of pregnancy

On the day of inspection, the service did not clearly display information about how to raise a concern. Complaint procedures were not displayed in patient waiting areas, the manager told us that displaying NUPAS information within the premises they were delivering was an ongoing piece of work. Following the inspection, the service took immediate action to ensure complaint and other information was available in patient facing areas. Complaint information was also available on their website.

Staff understood the policy on complaints and knew how to manage them.

Is the service well-led?

Good 

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was managed by a registered manager with support from a clinical lead. The service displayed the certificate of approval to undertake termination of pregnancies as issued by the Department of Health.

Local managers were visible, available, and approachable. Regional managers met with staff regularly and staff were able to contact clinical leads for advice and guidance as required.

Staff were supported by managers to attend additional training to enhance their skills and develop into senior roles. All staff we spoke with told us they had the opportunity to accept additional responsibilities to support the running of the service. For example, clinical lead had now trained as a nurse prescriber and was running post-operation clinics across the region.

Staff fed back positively about the manager.

Leaders were appointed in line with the fit and proper persons regulation.

Vision and Strategy

The service had a vision for what it wanted to achieve but did not have a strategy to turn it into action. The vision was not developed with all relevant stakeholders, focused on sustainability of services or aligned to local plans within the wider health economy.

The service had a vision they wished to achieve, this was to respect an individual's right to choose, by providing a safe environment with compassionate staff where woman can have a termination of pregnancy.

We did not see evidence of how managers and leaders monitored progress against the services vision and values.

We did not see evidence that the vision of the service had been developed in partnership with local stakeholders and staff, however managers and senior leaders collaborated with the Royal College of Gynaecology, other private providers of ToP and integrated care board to ensure the provision of services offered were in line with local needs and best practice.

Termination of pregnancy

The service now provided EMA in the form of “Pills by Post” and kept up to date with changes in legislation, this had meant fewer women needed to attend the service for consultation or treatment. Learning had been taken from incidents that occurred to ensure the delivery of EMA at home was as safe as possible.

We observed staff provide women with compassionate, non-judgmental care which reflected the values of the organisation.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff and managers worked together as a team with a common focus of delivering high-quality care to women attending.

Staff felt proud of the service they provided for women, and we saw staff interact with women in a respectful and compassionate way, creating rapport with women to enable them to speak openly and safely.

The service provided met the equality and diversity needs of clients including religious and cultural needs, with access to translation services when required.

Staff told us they felt confident in reporting incidents and concerns internally, and we saw examples of when wider learning throughout the organisation had been implemented in practice and shared with staff. Staff were encouraged to develop professionally and take part in additional training opportunities.

There was a freedom to speak up guardian in place for staff to escalate concerns.

Staff fed back positively about the service in the staff survey. An action plan had been made to address any comments that weren't positive.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had introduced a new clinical quality and governance structure with an aim to improve governance and better escalate findings and cascade learning between senior leadership and staff. Daily safety huddles, team meetings and regional leadership meetings informed information discussed at each committee.

The service conducted a schedule of audits including infection prevention and control quality assurance, infection prevention practice, medicines management, care of equipment, teleconsultations (record keeping and quality of care), EMA (record keeping and quality of care), ultrasound observation, safeguarding, contraception report and post treatment antibiotic stewardship. There was a surgical record keeping and quality of care audit available for when the service began providing SToP.

Staff were responsible for completing daily checklists such as cleanliness, temperatures, equipment safety and resuscitation trolley.

Termination of pregnancy

Staff performing USS had their images quality audited by senior leaders with the appropriate qualifications to do so.

The service submitted documentation in line with its legal requirements. To provide termination of pregnancy, it is legally required that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1 Form). We looked at 3 patient records and found that all forms included two signatures and the reason for the termination documented on the patient electronic record. There was an admin team in place to ensure all documentation was correct before a woman received their treatment and nurses were also required to confirm there was a completed HSA1 form before administering any treatment.

The service must inform the Chief Medical Officer of any ToP by submitting a HSA4 form, as required by the Department of Health. Staff submitted HSA4 forms in paper format, but there were plans to move this to an electronic system. Medical staff were required to submit these within 14 days of the woman's treatment.

The service monitored waiting times for access to ToPs procedures to improve access and minimise delays for women accessing the service. Data was not reflected reasons when wait times increased, such as women choosing a later appointment. Wait times were within national targets.

Staff were clear about their roles and responsibilities and discussed these through appraisal. Staff were recruited in line with the fit and proper persons regulation.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The business continuity plans included measures in the event of a emergency scenarios. Processes were in place to support staff decision making and allow decisions to be made at local level with escalation taking place at the appropriate time.

Staff reported incidents and concerns appropriately and according to NUPAS policy.

Managers escalated local risks up to a quality and risk committee who discussed risks at a leadership level.

Staff reported performance information to ICB's who monitored contract requirements.

The risk register reflected current risks in the service. Risks were given actions to mitigate them, and an owner assigned to ensure actions were completed. Each action related to a risk had a review date which allowed managers to track progress and ensure risks were still current.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff conducted a schedule of monthly, bi-monthly and annual audits of which the findings were collated and compared to enable improvement.

Termination of pregnancy

Managers understood their statutory duty to notify CQC and other stakeholders of significant events.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Managers openly engaged with staff and involved them in the management of service. Local team meetings were held quarterly which detailed attendees and reviewed safeguarding, incidents complaints, feedback, clinical and operational updates. Staff were given an opportunity to raise any other business.

Staff received weekly 'newsflash' PowerPoint's via email to detail any issues and improvements in the service and receive regular updates. These came in the form of red, urgent, and green, less urgent, alerts and included any incidents that had occurred and immediate actions to be taken in response.

The service collaborated with partner organisations such as sexual health services, GP's, early pregnancy unit and local NHS trusts to ensure women received a holistic approach to their care. Staff reported performance information to the ICB who monitored contract requirements. Managers reviewed service level agreements with third parties.

Meetings were not formalised for EMA lists. There was often only one clinician in clinic, huddles were held virtually and were done electronically and were not specific to each site or documented.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation but did not participate in research.

Learning from incidents, safeguarding and daily practice was shared locally within the team and across the organisation.

We saw examples of where learning from incidents had been implemented to improve outcomes for women.

The service was not currently partaking in any research.